## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

SEP 2 9 2017

I. Name of Lobbyist(s)	Barbara	Kichta		NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm or corporation, if any:				
NH ASSOC	of partnership, firm or corporation	fin Con	nMissions	
54 Port Business Address: (Street	smouth of (Town)	Concord (City)	NH 033	(Zip Code)
(603 <u>224 ~ 75</u> (Telephone)	<u>567</u> ( )	(Fax)	e-mail <u>Barbara</u>	C NHAC( org
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).				
☐ All reportable transac	tions occurring in the months	prior to the reporting	date relative to the fol	lowing client:
<u>OR</u>	Full Name of Client as it appears of	on the Lobbyist Registr	ration Form)	
<del></del>	tions by the lobbyist (including r client.	g the lobbyist's famil	y), or the lobbying firn	n listed below which are
	April 26, 2017   from date of registration to 3/31/.		July 26, 2017	
	October 25, 2017		uary 24, 2018 [] om 10/1/17 to 12/31/17	
	o fees received and no rependent of the submitted of the			
VI. Check if additional	reports are attached:			
	fees or made expenditures, yo	u must file <b>Addend</b> ı	ım A– Fees and Expen	ses
Expense Reimbursement				
☐ If you, your firm, or	your family has made political	contributions, you r	nust file <b>Addendum</b> C	- Political Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best	mation by Lobbyist A 15-B, RSA 14-C and RSA 66 of my knowledge and belief.	54 and hereby swear	or affirm that the foreg	oing information is true
(Signature of lobbyist)	710th		/0/2//(Date)	
Burbara 9 (Print Name of lobbyist)	Sichtly			